



Summary of Benefits

2025

Los Angeles
Orange
Riverside

San Bernardino
San Diego

Central Health
Embrace Choice Plan
(HMO C-SNP) (26-1)

2025 Summary of Benefits

Central Health Embrace Choice Plan (HMO C-SNP) H5649-026-001

January 1, 2025 - December 31, 2025.

Central Health Medicare Plan is an HMO/HMO SNP with a Medicare contract. Enrollment in Central Health Medicare Plan depends on contract renewal.

The benefit information provided does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, please access the “Evidence of Coverage” at www.centralhealthplan.com.

To join **Central Health Embrace Choice Plan (HMO C-SNP)** you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area, and must have Diabetes, Chronic Heart Failure (CHF), or Cardiovascular disorders (limited to cardiac arrhythmias, coronary artery disease, peripheral vascular disease and chronic venous thromboembolic disorder). Our service area includes the following counties in California: Los Angeles, Orange, Riverside, San Bernardino and San Diego.

Eligibility for the Model Benefit or RI Programs under the Value-Based Insurance Design (VBID) Model is not assured and will be determined by the MAO after enrollment, based on relevant criteria e.g., clinical diagnoses, eligibility criteria, participation in a disease state management program in the event eligibility of Targeted Enrollees for Model Benefits or RI Programs is not assured or cannot be determined before a Plan Year, as applicable.

Except in emergency or urgent situations, if you use providers that are not in our network, we may not pay for these services.

For coverage and costs of Original Medicare, look in your current “**Medicare & You**” handbook. View it online at Medicare.gov or get a copy by calling 1-800-MEDICARE (1-800-633-4227) available 24 hours, 7 days a week including some federal holidays. TTY/TDD users should call 1-877-486-2048.

This document is available in other formats such as Braille, large print or audio.

Have questions? Please call Central Health Medicare Plan Member Services Department at (866) 314-2427, TTY: 711, 8 a.m. – 8 p.m. PST, 7 days a week (October 1 – March 31) & Monday – Friday (April 1 – September 30) or visit our website at www.centralhealthplan.com.

Premium & Benefits	Central Health Embrace Choice Plan (HMO C-SNP) (26-1)	Your Cost w/ Medicare+full Medi-Cal
Monthly Plan Premium You must keep paying your Medicare Part B premium.	\$13.40 Your premium may be less if you are receiving Extra Help.	\$0
Deductible	No deductible	No deductible
Maximum Out-of-Pocket Responsibility (does not include prescription drugs)	No more than \$7,900 annually	\$0
Inpatient Hospital*	\$1,632 deductible \$0 copay per day for days 1–60 \$408 copay per day for days 61–90 \$816 copay per day for each lifetime reserve day These are 2024 cost-sharing amounts and may change for 2025. We will provide updated rates at www.centralhealthplan.com as soon as they are released.	\$0 copay
Outpatient Hospital*‡	\$0 - 20% coinsurance	\$0 copay
Ambulatory Surgery Center*	\$0 copay	\$0 copay
Doctor Visits <ul style="list-style-type: none"> • Primary care providers • Specialists* 	\$0 copay \$0 - 35% coinsurance	\$0 copay \$0 copay

* Services may require authorization.

‡ Please reference Evidence of Coverage (EOC) for details on specific services.

Premium & Benefits	Central Health Embrace Choice Plan (HMO C-SNP) (26-1)	Your Cost w/ Medicare+full Medi-Cal
<p>Preventive Care</p> <p>Other preventive services are available.</p> <ul style="list-style-type: none"> • Flu vaccine, diabetic screenings, etc.* 	\$0 copay	\$0 copay
<p>Emergency Care</p> <p>Copayment waived if admitted to the hospital or readmitted to the ER within 72 hours</p>	\$110 copay	\$0 copay
<p>Urgent Care</p>	\$0 copay	\$0 copay
<p>Diagnostic Services/Labs/Imaging*</p> <ul style="list-style-type: none"> • Diagnostic tests and procedures • Lab services • MRI, CAT scan • X-rays 	<p>\$0 - 20% coinsurance</p> <p>\$0 copay</p> <p>20% coinsurance</p> <p>\$0 copay</p>	<p>\$0 copay</p> <p>\$0 copay</p> <p>\$0 copay</p> <p>\$0 copay</p>

* Services may require authorization.

Premium & Benefits	Central Health Embrace Choice Plan (HMO C-SNP) (26-1)	Your Cost w/ Medicare+full Medi-Cal
<p>Hearing Services*</p> <ul style="list-style-type: none"> • Medicare-covered hearing exam • Routine hearing exam One per year • Hearing aid fittings and evaluations One per year • Hearing aid 	<p>\$0 copay</p> <p>\$0 copay</p> <p>\$0 copay</p> <p>\$49 copay per hearing aid for the entry model</p> <p>\$149 copay per hearing aid for the basic model</p> <p>\$449 copay per hearing aid for the prime model</p> <p>\$849 copay per hearing aid for the preferred model</p> <p>\$1,049 copay per hearing aid for the advanced model</p> <p>\$1,549 copay per hearing aid for the premium model</p> <p>You receive 2 hearing aids every 3 years</p>	<p>\$0 copay</p> <p>Refer to Medi-Cal handbook for details about your Medi-Cal benefits.</p>
<p>Dental Services†*</p> <ul style="list-style-type: none"> • Medicare-covered dental services <p>Annual Dental Maximum</p>	<p>\$0 copay</p> <p>Supplemental dental benefits are covered under a dental allowance on your Flex Card. Please see the Flex Card section below for more information.</p> <p>\$750 for preventive and comprehensive dental services each year</p>	<p>Refer to Medi-Cal handbook for details about your Medi-Cal benefits.</p>

* Services may require authorization.

† Limitations may apply. See your EOC for details.

Premium & Benefits	Central Health Embrace Choice Plan (HMO C-SNP) (26-1)	Your Cost w/ Medicare+full Medi-Cal
Vision Services*† <ul style="list-style-type: none"> • Medicare-covered eye exams • Medicare-covered eyewear • Routine eye exam • Retinal imaging • Eyewear allowance 	\$0 copay \$0 copay \$0 copay one exam per year \$0 copay One exam per year Up to \$300 per year	\$0 copay \$0 copay Refer to Medi-Cal handbook for details about your Medi-Cal benefits.
Mental Health Services* <ul style="list-style-type: none"> • Outpatient individual therapy • Outpatient group therapy 	\$45 copay \$45 copay	\$0 copay \$0 copay
Skilled Nursing Facility (SNF)*	\$0 copay per day for days 1–20 \$204 copay per day for days 21–100 These are 2024 cost-sharing amounts and may change for 2025. We will provide updated rates at www.centralhealthplan.com as soon as they are released.	\$0 copay
Physical Therapy*	\$0 copay	\$0 copay
Ambulance (Ground)*	20% coinsurance per ride	\$0 copay
Ambulance (Air)*	20% coinsurance	\$0 copay

* Services may require authorization.

† Limitations may apply. See your EOC for details.

Premium & Benefits	Central Health Embrace Choice Plan (HMO C-SNP) (26-1)	Your Cost w/ Medicare+full Medi-Cal
Transportation*	\$0 for 24 one-way trips to plan approved locations (up to 50 mile limit)	Refer to Medi-Cal handbook for details about your Medi-Cal benefits.
Medicare Part B Drugs* <ul style="list-style-type: none"> • Chemotherapy drugs • Other Part B drugs • Part B insulin drugs 	20% coinsurance unless capped by Inflation Reduction Act (IRA) rules 20% coinsurance unless capped by Inflation Reduction Act (IRA) rules \$35 copay	\$0 copay \$0 copay \$0 copay

* Services may require authorization.

Outpatient Prescription Drugs

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Part D Deductible

\$0*
*For members receiving Extra Help

Retail Rx 31-day supply

Mail Order 100-day supply

**Part D Insulins
Tier 3 – Preferred Brand**

\$0 copay*	\$0 copay*
*For members receiving Extra Help	

Initial Coverage
You are in the Initial Coverage Phase until your year-to-date “out-of-pocket costs” (your payments) reach a total of \$2,000

**Generic Drugs (including brand drugs treated as generic)
All Other Drugs**

\$0 copay*	\$0 copay*
\$0 copay*	\$0 copay*
*For members receiving Extra Help	

Catastrophic Coverage
You are in this stage after your year-to-date “out-of-pocket costs” (your payments) reach a total of \$2,000

During this stage, the plan will pay for the full cost of your covered Part D drugs.

Once you are in the Catastrophic Coverage Stage, you will stay in this payment stage until the end of the calendar year (through December 31, 2025).

Cost-Sharing may change depending on the pharmacy you choose and when you enter a new phase of the Part D benefit.

Extra Benefits	Central Health Embrace Choice Plan (HMO C-SNP) (26-1)
24/7 Telehealth	\$0 copay
Acupuncture* <ul style="list-style-type: none"> • Medicare-covered acupuncture • Routine acupuncture 	\$0 copay \$0 copay Up to 30 visits every year combined with Routine Chiropractic services.
Chiropractic Services* <ul style="list-style-type: none"> • Medicare-covered chiropractic care • Routine chiropractic care 	\$0 copay \$0 copay Up to 30 visits every year combined with Routine Acupuncture services.
Durable Medical Equipment (DME)*	20% coinsurance
Flex Card You will have one card to use at retail locations for all of your individual benefits listed below: <ul style="list-style-type: none"> • Over-The-Counter (OTC) Items, including OTC Hearing Aids • Dental Allowance 	Up to \$150 every 3 months Up to \$62.50 every month. This amount rolls over each month until the end of the year for a total of \$750.
Gym Membership*	\$0 copay

* Services may require authorization.

Extra Benefits	Central Health Embrace Choice Plan (HMO C-SNP) (26-1)
<p>Healthy Foods Allowance‡*</p> <p>This is a special supplemental benefit for the chronically ill (SSBCI). Enrollee must have cardiac arrhythmia, coronary artery disease, peripheral vascular disease, chronic venous thromboembolic disorder, congestive heart failure (CHF), dementia, or diabetes to be eligible. Not all members with qualifying conditions will be eligible for the benefit.</p>	<p>Up to \$50 each month for healthy foods for members with a qualifying chronic condition</p>
<p>In-Home Support Services*</p>	<p>\$0 copay for up to 20 hours per calendar year. Not all members will qualify, please see your EOC for more details.</p>
<p>Meals (Made Easy Meals)*‡</p>	<p>\$0 copay Receive 14 meals each month, for 12 months (168 total meals). Meal delivery is included 1 time per month.</p>
<p>Personal Emergency Response System (PERS)*</p>	<p>\$0 copay</p>
<p>Scales‡*</p> <p>This is a special supplemental benefit for the chronically ill (SSBCI). Enrollee must have congestive heart failure (CHF) or kidney disease to be eligible. Not all members with qualifying conditions will be eligible for the benefit.</p>	<p>\$0 copay</p>
<p>Worldwide Emergency Care</p> <ul style="list-style-type: none"> • Urgent Care • Emergency Room • Emergency Transportation 	<p>\$110 copay Coverage up to \$50,000</p>

‡ Please reference Evidence of Coverage (EOC) for details on specific services.

* Services may require authorization.